

# Important Information

Student's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Relation to student: \_\_\_\_\_

Mother Contact Information:

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Father Contact Information:

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Does your student attend any after school program (ie. Kid Connect)? If so, please let me know which one:

\_\_\_\_\_

Does your student have any allergies or medical conditions that I should be aware of?

Yes, \_\_\_\_\_

\_\_\_\_\_

No, there is nothing you should be aware of.

# Just Between You and I...

Please answer the following questions about your child. This information will help me throughout the year to interact with your child in ways that will most benefit his/her academic and social growth.

Student's Name: \_\_\_\_\_

1. What does your student's like to do for fun OUTSIDE of school?

\_\_\_\_\_  
\_\_\_\_\_

2. What are your student's academic strengths? \_\_\_\_\_

\_\_\_\_\_

3. In what academic areas would you like to see your student improve? \_\_\_\_\_

\_\_\_\_\_

4. Student lives with: \_\_\_\_\_

5. Please list sibling(s) names and ages: \_\_\_\_\_

\_\_\_\_\_

6. How would you rate your student's attitude toward school?

(low) 1 2 3 4 5 (super)

7. How would you rate your student's sense of responsibility?

(low) 1 2 3 4 5 (super)

Do you have any concerns you would like to share? If so, please feel free to add any additional information you think would be helpful on the back of this page.

Thank you so much 😊